

**Attachment No. 2**

**When this form is completed by the offeror, the restriction on disclosure of data stated below applies**

This document includes data that shall not be disclosed outside the University or the Government. This restriction does not limit the University's or Government's right to use information contained in this data if it is obtained from another source.

## Preaward Survey of Prospective Contractor Safety

**Company Name:**

**Date:**

**RFQ or Solicitation Number: 18431-001-00-CB**

**Title:**

- 1.** List your firm's Workmen's Compensation Experience Modification Rate (EMR) for current period (calendar year to-date) and the previous three year period below.

Rate Type: Interstate \_\_\_\_, Intrastate \_\_\_\_, Monopolistic State \_\_\_\_

Insurance Carrier: \_\_\_\_\_

- 2.** Complete the following table for the indicated 3 annual periods using U. S. Bureau of Labor Statistics Guidelines to determine recordability and lost workdays from company OSHA 200 logs.

Year	1997	1998	1999	3-Year-Average
Experience Modification Rate				
Total Recordable Injury/Illness Case Rate				
Lost Workday Case Rate				

### Preaward Statistical Standards

<b>Experience Modification Rate</b>	<b>1.00</b>	The "EMR" is a number that is assigned to your company based on the insurance premium you pay and your loss statistics. If you do not have this number, contact your insurance company. If your company has not been assigned an EMR number, please indicate "N/A".
<b>Total Recordable Injury/Illness Case Rate [US BLS (1995)]</b> ( see Company OSHA 200 log, col. 1,2 & 6 )	<b>10.6</b>	$\frac{\text{Total Recordable Incidents} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$
<b>Lost Workday Case Rate US BLS (1995)</b> ( see Company OSHA 200 log, col. 2 )	<b>4.9</b>	$\frac{\text{Total Lost Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$